

## ISSUE

Census data projections show that the population of American Indians and Alaska Natives over the age of 65 years will increase by 250% between the years 2000 and 2050.

## BACKGROUND

According to the 1990 census, the elderly comprise 11% of the American Indian and Alaska Natives population. Despite the fact that life expectancy for Indian elders increased by 15% between the years 1972-74 and 1992-94, death still occurs approximately 4.4 years sooner for American Indian and Alaska Native elders than for the U.S. All Races.

## SITUATION

Indians over the age of 64 comprise 5.7 percent of the IHS user population but consume considerably higher percentages of IHS services. By the year 2050, the percent of Indians over the age of 64 is projected to comprise 14.3% of the IHS user population. Despite the higher utilization rates, the elders receive less than half of the services provided to the general U.S. populations, according to the national and IHS hospital discharge rates. Indian elders age 65 and over tend to die of diseases that result in disability and functional impairment and cause a significant burden to family caretakers who do not have the appropriate

resources available to assist them. Among the list of other complicating health factors for Indian elders is the rate of alcohol abuse. The second highest alcoholism age-specific death rate for Indian males occurs in the 55-64 year old age group. The alcoholism rate for older Indian females is over 6 times higher than the rates for U.S. All Races females. Tribes are increasingly identifying needs for elder care services, including home health and nursing home services that the IHS has never received funding to provide.

## OPTIONS/PLANS

The IHS will continue to expand and develop cooperative programs with health care providers, tribes, communities, elders, their families, and caregivers to make

quality care and services available. In addition, by expanding the role of behavioral health staff (substance abuse and alcohol counselors, social workers, psychiatrists, and psychologists), a decrease in the expenditure for avoidable health care issues of the elderly is expected.

## ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.

